

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: LOCKING MECHANISM FOR A BONE SCREW
Attorney Docket Number:: HOE-593.1
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 6
Small Entity?: No
Petition Included?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Jens
Family Name:: Beger
City of Residence:: Tuttlingen
Country of Residence:: Germany
Street of Mailing Address:: Schlehenweg 7
City of Mailing Address:: Tuttlingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78532
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Rudolf

Family Name:: Zepf
City of Residence:: Wurmlingen
Country of Residence:: Germany
Street of Mailing Address:: Roemerweg 21
City of Mailing Address:: Wurmlingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78573
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Rudolf
Family Name:: Beisse
City of Residence:: Murnau
Country of Residence:: Germany
Street of Mailing Address:: BG Unfallklinik Murnau, Prof. -Kuentscher-Strasse 8
City of Mailing Address:: Murnau
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-82418
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Michael
Family Name:: Potulski
City of Residence:: Murnau
Country of Residence:: Germany
Street of Mailing Address:: BG Unfallklinik Murnau, Prof. -Kuentscher-Strasse 8
City of Mailing Address:: Murnau
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-82418

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 20028
Phone Number: (203)459-0200
Fax Number:: (203)459-0201
E-Mail Address:: barry@patlawfirm.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	20028	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	divisional of	10/038,376	01/03/02
10/038,376	An application claiming the benefit under 35 USC 119 (e)	60/262,968	01/19/01

ASSIGNEE INFORMATION

Assignee Name:: AESCULAP AG & Co. KG
Street of Mailing Address:: Am Aesculap-Platz
City of Mailing Address:: Tuttlingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78532